

**Attn:** Community-based Primary Care Clinic Grantees

**Subject:** July 2017 Work Plan/Progress Report Requirements

Per the SFY 2017 Notice of Award agreements, grantees are required to submit a work plan/progress report to the Office of Primary Care and Rural Health by the set July 2017 deadline.

To complete this work plan/progress report requirement, CBPCC grantees are requested to complete the following deliverables by **July 15, 2017**.

Resources for grantees may be found at [http://www.kdheks.gov/olrh/cbpcc\\_grantees.htm](http://www.kdheks.gov/olrh/cbpcc_grantees.htm).

Questions should be submitted to CBPCC Program Staff at [primarycare@ks.gov](mailto:primarycare@ks.gov).

**ALL CBPCC grantees must complete the following:**

1. **Complete CBPCC Work Plan online survey.**

The survey link will be provided via the KDHE-CBPCC-GRANT-PROGRAM ListGroup in June 2017. (List group link: <http://listserv.kdheks.gov/scripts/wa.exe?A0=KDHE-CBPCC-GRANT-PROGRAM>)

2. **Cultural Competency Training Exercise with Community Boards.**

To complete this deliverable, clinics must engage their community board in discussions regarding their understanding of and the clinic's capacity around cultural competency. Instructions can be found in **Appendix A**.

3. **Submission of Staff/Volunteer Recruitment & Retention Plan.**

Clinics that are National Health Service Corps (NHSC) or State Loan Repayment Program (SLRP) approved sites are expected to have a staff retention plan in place to remain in compliance. The Recruitment & Retention Plan submitted for this work plan/progress report will also suffice to meet requirements for NHSC or SLRP.

*Tips and tools for creating retention plans can be found at the Kansas Recruitment & Retention Center (<http://www.kumc.edu/community-engagement/rural-health/kansas-recruitment-and-retention-center.html>) and 3RNet's Recruiting for Retention Academy (<https://academy.3rnet.org/>).*

**All grantees will be required to complete the following, unless they complete the waiver request by January 15, 2017 (Appendix B) and are granted an exemption by the Office:**

4. **Patient-Center Medical Home Assessment Project.**

To complete this deliverable, clinics must meet one of the following:

- a. Currently be Patient-Center Medical Home (PCMH) Recognized

For more information: <http://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html>

- b. Actively participating in an approved Practice Transformation Network  
For more information: <http://khconline.org/kansas-ptn-overview>
- c. Complete the KAMU-supported PCMH Readiness Assessment

*Clinics will receive an email from the Office and/or KAMU with instructions on how to complete the assessment.*

#### **5. Emergency Preparedness Capacity.**

To complete this deliverable, clinics must complete the following tasks/deliverables:

- a. Regularly Meet/Connect with the Local Emergency Planning Committee and/or the Local Health Departments' Emergency Preparedness planner or equivalent.
- b. Perform an emergency preparedness "all-hazards" risk assessment. Clinics must be able to demonstrate they participated in the community-level risk assessment with emergency preparedness partners OR the clinic has carried out a facility-level risk assessment with the final report.

*Clinics will be required to complete an attestation form provided by the Office. This form will be posted via the KDHE-CBPCC-GRANT-PROGRAM ListGroup in June 2017.*

*Tips and tools can be found at KDHE's Preparedness Program Webpage: <http://www.kdheks.gov/cphp/index.htm>.*

### **CMS Emergency Preparedness Background**

In September 2016, the Centers for Medicare & Medicaid Services (CMS) finalized rules to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid. These new rules will require certain participating providers and suppliers to plan for disasters and coordinate with federal, state, tribal, regional, and local emergency preparedness systems to ensure that facilities are adequately prepared to meet the needs of their patients during disasters and emergency situations. The implementation date will be November 16, 2017. The four elements of the emergency preparedness program are as follows:

1. Risk assessment and planning: prior to establishing an emergency plan, a risk assessment would be performed based on utilizing an "all-hazards" approach, specific to the location of the provider considering the particular types of hazards which may most likely occur in their area.
2. Policies and procedures: develop and implement policies and procedures based on the emergency plan and risk assessment.
3. Communication plan: develop and maintain an emergency preparedness communication plan that complies with both federal and state law.
4. Training and testing: develop and maintain an emergency preparedness training and testing program, ensuring that staff can demonstrate knowledge of emergency procedures. Facilities must provide training at least annually, and conduct drills/exercises to test the emergency plan.

## **Appendix A:**

### **Cultural Competency Training Instructions**

Clinics are to facilitate a discussion with their community board by watching a free, 20-minute video on Kansas-TRAIN and then answering a series of questions developed by the Office.

1. Watch [Health in 3D: Diversity, Disparities, and Social Determinants](#) with your community board.
  - Create or log-in to an account on <https://ks.train.org>.
  - Search for the video by course ID ‘1063291’ or keywords ‘health in 3D’.
  - Register for the course and click ‘launch’.
  - *For best results, use Google Chrome as your browser.*
2. At the conclusion of the video, hold a discussion with the board members guided by the following questions:
  - Where do you feel your clinic is regarding cultural competency? What could be improved?
  - How can increased diversity in clinic staff contribute to cultural competency?
  - Do you think your clinic is culturally sensitive in its delivery of services?
  - How do you think the clinic could become more culturally proficient? (Processes, culture, individual-level, trainings, tools, etc.)
  - What strategies can a clinician employ to communicate better with a diverse patient population?
  - What are some ways you could get the patient population or the community involved?
3. Following the discussion, a representative will fill out a short online survey on behalf of the clinic to provide feedback to the Office via [SurveyMonkey](#) (Link: <https://www.surveymonkey.com/r/K5TCWZW>). The survey will include the three questions listed below:
  - What are some process/policy/other changes that you discussed to improve your clinic’s cultural competency?
  - How enthusiastic were the board members about the topic?
  - What are some resources that would help your clinic become more culturally competent?

**Appendix B:**  
**2016-2017 COMMUNITY-BASED PRIMARY CARE GRANT WORK PLAN DELIVERABLES WAIVER FORM**

<b>Clinic Name</b>	
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**Clinic Request for Consideration:**

Select the statement that best applies:

- ☐ My clinic is requesting to be exempt from completing the Patient-Centered Medical Home Assessment Project.
- ☐ My clinic is requesting to be exempt from completing the Emergency Preparedness Capacity deliverable.
- ☐ My clinic is requesting to be exempt from completing the Patient-Centered Medical Home Assessment Project AND the Emergency Preparedness Capacity deliverables.

Indicated the total number of individuals/staff working at the clinic:

\_\_\_\_\_ Employed Personnel  
\_\_\_\_\_ Contractual Personnel  
\_\_\_\_\_ Volunteers

List the clinic's hours of operation/Number of Hours Open: \_\_\_\_\_ per week OR \_\_\_\_\_ per month

Describe the unique characteristics of your clinic which make it prohibitive to complete in the Community-based Primary Care Clinic grant's Patient-centered Medical Home Assessment AND/OR Emergency Preparedness work plan deliverable (max 100 words)


**Clinic SIGNATURE required:**

**Clinic Authorizing Official Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Office of Primary Care and Rural Health Review & Response**

<b>Date Form Received</b>		<b>Date Request Reviewed</b>	
<b>Decision</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Notes/Comments</b>		
<b>Signature</b>			